

FISCAL YEAR 2003 HOUSE CURRENT LEVEL REPORT AS OF JULY 11, 2002

[In millions of dollars]

	Budget authority	Outlays	Revenues
Enacted in previous sessions:			
Revenues	0	0	1,536,324
Permanents and other spending legislation	1,090,473	1,038,707	0
Appropriation legislation	0	313,127	0
Offsetting receipts	-346,866	-346,866	0
Total, previously enacted	743,607	1,004,968	1,536,324
Enacted this session:			
Job Creation and Worker Assistance Act of 2002 (P.L. 107-147)	3,524	3,587	0
Farm Security and Rural Investment Act of 2002 (P.L. 107-171)	8,532	8,406	0
Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (P.L. 107-188)	1	1	0
Auction Reform Act of 2002 (P.L. 107-195)	775	775	0
Total, enacted this session	12,832	12,769	0
Entitlements and Mandatories: Budget resolution baseline estimates of appropriated entitlements and other mandatory programs not yet enacted	288,733	286,968	0
Total Current Level	1,045,172	1,304,705	1,536,324
Total Budget Resolution	1,784,073	1,767,146	1,531,893
Current Level Over Budget resolution	0	0	4,431
Current Level Under Budget Resolution	-738,901	-462,441	0
Memorandum:			
Revenues, 2003-2007:			
House Current Level ¹	0	0	8,699,516
House Budget Resolution	0	0	8,671,656
Current Level Over Budget Resolution	0	0	27,860

¹ The revenue effects of the Clergy Housing Allowance Clarification Act of 2002 (P.L. 107-181) begin in 2004 and are included in this revenue figure.

Source: Congressional Budget Office.

Notes: P.L.=Public Law.

Section 314 of the Congressional Budget Act, as amended, requires that the House Budget Committee revise the budget resolution to reflect funding provided in bills reported by the House for emergency requirements. To date, the Budget Committee has increased the outlay allocation in the budget resolution by \$10,714 million for this purpose. This amount is not included in the current level because the funding has not yet been enacted.

GLOBAL HIV, TUBERCULOSIS AND MALARIA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. SOLIS) is recognized for 5 minutes.

Ms. SOLIS. Mr. Speaker, I appreciate the opportunity to be here tonight, and I want to especially thank my good friend, the gentlewoman from California (Ms. LEE) and applaud her for her work in bringing us together here tonight to talk about the HIV pandemic. We have all been closely following the happenings this week at the 14th International AIDS Conference in Barcelona, Spain, and although it is exciting to hear about the new research breakthroughs and findings, it is also disheartening to hear about the sheer number of people who are infected and affected by this disease throughout the world.

More than 40 million people are living with HIV worldwide, and nearly 5 million of those people were diagnosed with HIV just last year alone. Ninety-six percent of those people living with HIV reside in developing countries, Third World countries and, for example, 1.5 million children and adults in Latin America alone are living with HIV. About 130,000 of these were diagnosed just last year.

Unfortunately, many HIV-positive individuals do not even know they have the deadly disease. We still have a long way to go to raise awareness about the disease and to ensure that Nations have the resources to implement proven prevention and treatment programs. We must do more to help our global neighbors combat this deadly disease.

UNAIDS has estimated that between \$7 billion and \$10 billion is needed each year to effectively respond to the global HIV/AIDS epidemic, but during this last fiscal year, the United States only contributed an estimated \$1 billion to HIV and AIDS research. This includes a \$200 million of contribution to the

Global Fund to Fight AIDS, Tuberculosis and Malaria, and I think that is great, but we can do a lot better.

It is important to note that aid for global HIV effort is more than a moral responsibility. It is an economic and political necessity. Countries with AIDS face economic and social threats as governments struggle with the burden of trying to pay for HIV treatment and prevention, and often the populations most affected by HIV are the key to the economic stability of these nations.

As an example, these people are the ones between the age of 15 and 24 years old. They represent 42 percent of the newest HIV infections and make up about one-third of the global total of people living with AIDS. When these people face the threat of AIDS, their families and communities are devastated and, of course, HIV also has a particularly devastating impact on the youngest of our global population.

Worldwide, an estimated 14 million children under the age of 15 have lost one or both parents from AIDS. The stories of children who are orphaned by AIDS are heartbreaking to all of us. We cannot afford to ignore the AIDS crisis. We must commit ourselves to doing more, and I hope that this Congress can make that commitment, and I certainly urge and strongly urge the President of the United States to do the same.

CALLING FOR U.S. ACTION ON GLOBAL HIV AND AIDS PANDEMIC

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, it is with a heavy heart that I rise today to talk about the global AIDS pandemic and the catastrophic consequences of doing so little, too little to combat it here at home and around the world.

Here at home, HIV and AIDS is the number one killer of young black men. Here in the United States, where most are able to afford or have access to the standard of care for this disease, the instance of mortality has declined sharply, thanks to antiretroviral combination therapy. But make no mistake about it, HIV is a clever, still lethal virus, and the emphasis of these drugs is limited.

For many who have developed resistance to these drugs, the treatment is called salvage therapy. Think about the term, salvage therapy. It is shocking and sad that the two words are used in the same breath, but it is true.

The pharmaceutical industry, often with substantial government funding and research support from NIH and CDC, has made great strides, and it will have to do so again because many of the newest HIV cases are diagnosed resistant to one or more of the existing drugs. I call on the pharmaceutical industry to redouble its effort to consider spending much less on public relations and marketing and much more on research and development.

I would ask this Congress to take up and pass the legislation authored by the gentleman from New York (Mr. NADLER), who has long advocated for an anti-AIDS effort similar to the Manhattan Project.

Twenty million people have died from AIDS in the last two decades. According to the United Nations AIDS agency, 70 million more people could perish in the next 20 years.

Looking internationally, the picture is bleak and in danger of becoming a world destabilizing force, a holocaust due to woefully inadequate resources. The problem is not limited to African nations, which currently have the greatest share of the infection. Other developing countries, as well as Russia and China, are only just coming to grips with the severity of the HIV and AIDS epidemic.

The devastation of vast percentages of populations in African nations will create national security concerns for the United States and other nations within the near future unless we act now to arrest and eradicate this scourge.

Sub-Saharan Africa represents 77 percent of AIDS deaths, 70 percent of HIV-infected people and nearly 70 percent of all new infections and 90 percent of children infected with the virus.

□ 1715

These are truly, truly grim statistics.

We will not begin to change these numbers until we begin to invest as though HIV-AIDS were a profound threat to the public health worldwide and a threat to national security as well. We cannot afford to be penny-wise and pound-foolish. Eight thousand five hundred people die each day from AIDS, more than twice as many as perished on September 11. Another sobering statistic.

I want to thank my colleague, the gentlewoman from California, for her continuous leadership on the complex issues involved with HIV and AIDS. I share her concern that support for another \$1 billion contribution by the United States to the Global Trust Fund is needed. We are obligated to do that. We are morally challenged to do that. We need to do that to support comprehensive prevention and treatment efforts, and, ultimately, to find a cure.

The SPEAKER pro tempore (Mr. KIRK). Under a previous order of the House, the gentleman from Washington (Mr. INSLEE) is recognized for 5 minutes.

(Mr. INSLEE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. CONYERS) is recognized for 5 minutes.

(Mr. CONYERS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HIV/AIDS PANDEMIC

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today with my colleagues to draw attention to the ongoing HIV/AIDS pandemic.

This week, the 16th Annual International AIDS Conference was held in Barcelona, Spain. The conference highlighted the fact that, contrary to previous beliefs, the global AIDS crisis has not peaked and is only getting worse. According to UNAIDS, 40 million people live with HIV/AIDS in the world today; 28.5 million of them are in sub-Saharan Africa. Three million of those infected are children younger than 15. Last year, five million people were newly infected with HIV, and three million died of AIDS.

In Botswana, almost 44 percent of pregnant women visiting clinics in urban areas are HIV

positive. In several countries in West Africa—such as Burkina Faso and Cameroon—the adult prevalence rate surpassed 5 percent, a level that many experts agree precedes a larger scale epidemic. This devastating disease is erasing decades of development and cutting life expectancy by nearly half in the most affected areas.

These statistics are staggering, but they also obscure the human cost of the epidemic. Infected teachers pass away and are unable to transmit knowledge to the next generation. Business owners die and their enterprises die with them. The deaths of trained professionals, such as nurses, civil servants, and lawyers mean that their skills disappear from their country. By 2010, UNAIDS believes that twenty million children in sub-Saharan Africa will have lost at least one of their parents to AIDS. Mr. Speaker, entire societies are being destroyed by this terrible virus.

There are a few—very few—signs of hope. Some countries, such as Uganda, have stemmed the rate of infection and have averted a wider catastrophe. Other countries are finally acknowledging that HIV/AIDS poses a serious risk to their stability and are beginning to remove the stigma associated with the disease. Last week, the government of Nigeria announced that it had ordered free HIV/AIDS test for half a million of its citizens. And programs that seek to prevent the transmission of the virus from mothers to children are proving to be effective and are being implemented on a larger scale.

But Mr. Speaker, there is more that we as the sole superpower can do to stop the spread of this scourge that threatens the stability of many parts of the globe. We can increase assistance for education and prevention efforts and involve more sectors of societies in such prevention campaigns. We can continue to lower the cost of life-saving anti-retroviral drugs so that people in developing countries have the hope of treatment and are more willing to learn their HIV status. We can support the research and development of an effective, practical vaccine for HIV. And we can increase the United States' contributions for the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

What we are doing simply is not enough to stem this global massacre. As a world leader, we must step up our efforts and contributions in this global struggle.

GLOBAL AIDS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WATERS) is recognized for 5 minutes.

Ms. WATERS. Mr. Speaker, I would like to thank my colleague, Congresswoman BARBARA LEE, for organizing today's Special Orders on Global AIDS.

Over the past 5 days, the 14th International AIDS Conference has been meeting in Barcelona, Spain. The statistics that have been reported at the Conference are devastating. More than one in five adults in seven sub-Saharan African countries are already infected with HIV. In Botswana, Lesotho, Swaziland and Zimbabwe, the rate is one in three.

The AIDS pandemic will cause a decline in life expectancy in 51 countries over the next two decades. This demographic effect is without precedent in modern times. Seven coun-

tries in sub-Saharan Africa now have average life expectancies of less than 40 years. By the end of this decade, 11 African countries will have life expectancies of less than 40 years. This is a level they have not experienced since the end of the 1800s. Sub-Saharan countries could lose 25 percent of their labor forces by 2002.

At the Conference, there was overwhelming support for a \$7–10 billion annual commitment to fight global AIDS. This worldwide commitment should begin with a commitment of \$2.5 billion from the United States in fiscal year 2003. Unfortunately, the countries that attended the recent G-8 Summit offered only empty promises of more development assistance for Africa. We need to do more.

On March 12, 2002, I sent a letter to the Chairman and Ranking Member of the House Budget Committee requesting a total of \$2.5 billion in the fiscal year 2003 budget for bilateral and multilateral HIV/AIDS programs. Sixty-eight Members of Congress signed this letter, but our letter was ignored.

I call on this Congress to provide \$2.5 billion for the fight against global AIDS in fiscal year 2003.

U.S. ROLE IN HIV-AIDS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. McDERMOTT) is recognized for 5 minutes.

Mr. McDERMOTT. Mr. Speaker, I appreciate my colleague, the gentlewoman from California (Ms. LEE) for bringing this issue and for taking the time to take the trip to Barcelona and go to the conference.

One of the striking things this morning was looking at the newspaper clips and finding that the Secretary of Health and Human Services of the United States of America was booed off the stage. When you look at that, you ask yourself, why is it that we, the strongest, the most wealthy, the most advanced, the most scientifically creative country in the world is booed off the stage of an international conference on a world plague?

I think that it is important for us to think about what role we in this country have played. We have not taken our rightful leadership. There has not been an international conference in the United States since this Congress passed the Helms-Burton amendment some years ago, which excluded from this country anybody who has AIDS. If you have AIDS, you are not supposed to be able to get into this country.

Now, the statement we made to the world with that particular amendment from this Congress was that somehow coming in here you are bringing something that is not already here. AIDS is in this country. As we have already heard from previous speakers, like my friend from North Carolina, it is the leading cause of death among young black men in this country, and it is a leading illness among Hispanic women in this country.

We in this country have a problem that we have not dealt with. This Congress has not put money into the kind